ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

TO THE

PRUDHOE URBAN DISTRICT COUNCIL

FOR THE

Year ended 31st December, 1925.

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SIXTEENTH ANNUAL REPORT

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MEDICAL OFFICER OF HEALTH

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PRUDHOE URBAN DISTRICT COUNCIL.

MR. CHAIRMAN AND GENTLEMEN,

The report for the year 1925, which I have now the pleasure of placing before you, in accordance with paragraph 13 of Circular 540 of 18/12/24, issued by the Ministry of Health, is a Survey report, and in it I wish to bring before your notice the measure of progress made in the Public Health, and the extent and character of the changes in the Public Health Services of your area, during the past five years.

In compiling a report of this nature it is necessary to understand fully where we have been in the past, where we are at present, and to what Public Health objective we intend to direct our steps in the future.

I will endeavour to be frank, but to be frank one sometimes irritates ; on the other hand a report which evokes no criticism is no report at all, and I would ask at the outset, that all discussion which arouses matters of a personal character, or is of interest only to certain parties should be reduced to a minimum.

We must look at the Public Health of the District from a wide point of view and see it as a conjoint whole ; let our remedies be firm so that the resultant cure will ensure stability, and let us avoid narrow outlooks as we would avoid the Evil One himself.

Natural and Social Conditions of the District.

The district consists of the following Parishes with the acreage as given :—

Prudhoe	...	...	1457.368 acres.
Prudhoe Castle	...	...	644.944 ,,
Eltringham	...	...	355.658 ,,
Mickley	...	...	1430.554 ,,

Population 1921—9,066.
,, 1925—9,377.

Physical Features and General Character of the Area.

The configuration of the district from a geological and physical aspect is the result of the forces of nature, playing a destructive and beautifying role.

The slow grinding of the Ice Age, which is only seen now in the glacier regions, was responsible for the forming of this area into hills and dales, and rich as the area is in coal it must have been denuded of many valuable seams by this irresistible force.

It has, however, been the means of making the Valley of the Tyne and, in a lesser degree, the Stanley Burn depression, a picturesque object lesson of what Nature can do.

The Urban Area as a whole lies on the south bank of the River Tyne, faces north for the most part, and lies on the outcrops, almost along the strike of the various strata, which mainly consists of beds of sandstone with various degrees of hardness, depending on the percentage of silica contained in them, and also shales of various textures and hardness.

All the above assist in their way in giving a healthy tone to our district, affording good surface drainage, a healthy climate for the North, and a fair soil for agricultural purposes.

It is only in the lower reaches, near the river, where beds of boulder clay are met with. This is fortunate, as deposits of this description do not inhance the agricultural value of the district, and certainly do not promote health.

Number of inhabited houses (1921)	... 1755.
Number of separate occupiers (1921)	... 1874.
Rateable value	£41365.
Sum represented by a penny rate	... £155.

Social Conditions.—The chief occupation in the district is, of course, mining, with agriculture and shop-keeping as subsidiary occupations.

This has changed little during the last five years. The West Mickley Coal Company have closed down for good, and a large number of men have in consequence been thrown out of work ; some of them have been absorbed in other pits and on the roads, work on which has recently been commenced.

Vital Statistics.

	Total	Males	Females
BIRTHS.—Legitimate ...	223	... 108	... 115.
Illegitimate ...	11	... 6	... 5.
DEATHS—	106	... 56	... 50.

BIRTH RATE—24·95. DEATH RATE—11·30.

Number of women dying in or in consequence of childbirth—

1. From sepsis ... ... Nil.
2. From other causes ... 2.

Deaths of infants under one year of age per 1000 births—76·92
Deaths from Measles—2.
Deaths from Whooping Cough—3.
Deaths from Diarrhœa (under 2 years) nil.

DEATHS.—During 1925, there were 106 deaths, 56 males and 50 males. This includes 18 children under one year of age, and the whole gives a death-rate of 11·30 per 1,000 of the population. The rate for England and Wales being 12·20.

The chief causes of death were :—

Heart Disease	13
Pneumonia	12
Congenital Debility	10
Tuberculosis	10
Cancer	8

It can be seen from the above figures that our area is still holding the favourable position of being below the average for the rest of the Country with regard to its Death-rate, even though the figure 11·30 is high.

This figure compares very badly with our own returns for the past five years, the average for which is 10·74, and judging from the Death-rates in the years 1923 and 1924, which were 8·33 and 9·90 respectively, it rather looks as if we were passing through a period at which the Mortality Rate is at about its lowest, and that in future we may expect a somewhat higher rate owing to the changing of the age groups in the population, giving in this area at least a large percentage of persons living at the higher ages.

Comparing the Death-rates for five yearly periods I find that the past quinquennial period shows the smaller average.

1911-1915,	Average Death-rate—	12·00
1916-1920,	,,	13·13
1921-1925,	,,	10·74

With regard to the causes of death during the past five years, the following have proved to be the most killing diseases:

Pneumonia	55
Heart Disease	49
Tuberculosis	46
Congenital Debility	42
Cancer	40

ZYMOTIC DISEASES DEATH-RATE.—This death-rate is calculated upon the deaths per 1,000 of the population which occur from the following diseases:—

Smallpox	Enteric Fever
Scarlet Fever	Measles
Diphtheria	Whooping Cough
	Enteritis (under 2 years)

The number of these is:—

Enteric Fever	1
Measles	2
Whooping Cough	3

giving a zymotic death-rate of ·64.

BIRTHS.—234 Births have been registered during the year, 114 males and 120 females. Six of the former and five of the latter were illegitimate. This gives a Birth-rate of 24·95, compared with 18·3 for England and Wales and an average of 23·72 for the last five years in our area.

INFANTILE MORTALITY.—During the year 1925, there have been 18 deaths under one year of age, two of these were illegitimate. This gives an Infantile Mortality rate of 76·92, as compared with 75 for England and Wales, and an average of 76·88 for the past five years in the Prudhoe area.

The decrease in the Infantile Mortality is one of the most pleasing features seen on perusing the Vital Statistics of this district.

The figure for 1910 was 132·1, for 1915 it was 99·56, in 1920 it had dropped to 88·23.

For the five yearly periods the average figures given below speak for themselves:—

1911-1915	95·59
1916-1920	98·47
1921-1925	76·88

The great decrease during the last five years is, of course, due to the forward movement there has been in Child Welfare work since the War.

A glance at our own figure of 42 deaths under the age of one year from Congenital Debility during the past five years shows, however, that a great deal still remains to be done.

I do not propose to dilate here on the merits or demerits of either Birth Control or the Sterilisation of the Unfit, except to say that it is now an accepted fact that the poorer stocks in this Country at least are breeding at a much greater rate than the sound stocks, and the lower fourth of the population—speaking from a mental and physical point of view—is at present producing about one half of the next generation, who in turn will be both mentally and physically lower on the ladder than their forebears.

A great deal could be done for the women of this country from a health point of view, and also for the lives of children yet to be born if some definite line of Birth Control education could be propagated by means of either the Health Department of Local Authorities or of the Maternity and Child Welfare Centres.

As Sir James Barr has said, "The Innocence of Ignorance is not worth preserving."

General Provision of Health Services in the Area.

HOSPITALS.

TUBERCULOSIS.—The Sanatoria used by this Authority are at Barrasford, Stannington, and Wooley. These are under the supervision of the County Council.

CHILDREN AND MATERNITY.—The nearest Hospitals of this description are at Newcastle.

FEVER.—The Joint Fever Hospital is situated in this area. It supplies the Hexham Rural and the Prudhoe Urban Areas, which have a combined population of approximately 30,000. It contains two wards with six beds in each. The Small-pox Hospital for the district is the Lightwater Hospital in Hexhamshire.

OTHER INSTITUTIONS.—There are no Institutions for Unmarried Mothers, Illegitimate or Homeless Children in the District.

AMBULANCE FACILITIES.

(*a*) FOR INFECTIOUS CASES.—Cases of infectious disease in this District are removed to Hospital by means of the Council's horse-drawn Ambulance.

(*b*) FOR ACCIDENT CASES.—Cases of this variety are taken to Hospital by means of the Motor Ambulance, which appears to be becoming used more and more as time goes on.

CLINICS AND TREATMENT CENTRES.

(*a*) MATERNITY AND CHILD WELFARE.—This Centre is situated at South Road, Prudhoe, and is open every Wednesday.

(*b*) SCHOOL CLINICS.—These are under the supervision of the County Council.

(*c*) TUBERCULOSIS DISPENSARIES.—These are under the supervision of the County Council, and are held at Hexham and Newburn, on Tuesdays and Wednesdays respectively.

(*d*) VENEREAL DISEASE.—The nearest Centre for diseases of this description is the Royal Victoria Infirmary, Newcastle.

PUBLIC HEALTH STAFF.

The Public Health Officials serving your Council are :—

1. A part-time Medical Officer of Health.
2. A full-time Surveyor and Inspector of Nuisances.

PROFESSIONAL NURSING IN THE HOME.

(*a*) GENERAL.—There are three Nurses practising in the district, viz., one at Stocksfield, one at Prudhoe, and one at Mickley. These Nurses are provided by private Associations helped by private and workmen's subscriptions.

(*b*) INFECTIOUS DISEASES.—There are no Infectious Diseases nurses practising in the district.

(*c*) MIDWIVES.—There are three Midwives practising in the district, one at Stocksfield, one at Mickley, and one at Prudhoe. All of these are provided by private Associations.

The Local Authority neither employs nor subsidises any Nurses in the district.

LABORATORY WORK.

Pathological and Bacteriological examinations continue as before to be done at the Durham University College of Medicine.

Diphtheria Antitoxin is issued by the Sanitary Authority free of charge to Medical Practitioners in the District.

Supervision and Inspection of Food.

MEAT.—The new Meat Regulations, which came into force during the year, are a great step forward in controlling and improving the meat supplies of the District.

As there has up to now been a certain amount of misunderstanding locally on a great many points which arise, I think that

it would be wise to call attention to details about which there has been some misapprehension.

It has been publicly announced by the Ministry of Health that these Regulations are designed not to impose limitations as to the persons who may slaughter animals, nor as to the places at which animals may be slaughtered, but they are so framed as to require that notice must be given to the Local Authority where an animal is to be slaughtered, to sell for human consumption, in order that the carcase may be retained for a few hours, to give an opportunity of inspecting it, if the Local Authority so desire.

In this district the meat sellers are divided into three groups for the purpose of inspecting :—

(*a*) Those whose slaughtering days are constant and regular.

(*b*) Those who only slaughter occasionally.

(*c*) The private pig owner who slaughters for sale.

In class *a* notice of regular slaughtering days need only be given once. In classes *b* and *c* notice must be given as to day, time and place of slaughter at least three hours beforehand, and the carcase must be left for inspection for three hours after slaughtering.

Slaughtering on Sundays is an offence, but I usually allow it when a Public Holiday falls on a Monday, as the meat might possibly go wrong over a long week-end.

It is merely entering into debatable points to give any opinion as to how meat should be protected from contamination. The opinion of the meat seller is usually widely different from that of the Medical Officer, and it is enough to point out here that under the Act, where there is no contamination, no precautions need be taken, but where the meat has become contaminated and no precautions have been taken, then an offence has been committed, and the shop-keeper has become liable to prosecution.

The use of sawdust in butchers' shops is, I think, a tradition that could be very easily done away with, as it is a source of danger to the meat.

In concluding my reference to these various points in the Regulations, might I thank the butchers of the neighbourhood for their help in the work of inspection during the past year, and ask that it might be given again in 1926.

There has been at the end of the year a certain tendency on the part of some meat sellers to both slaughter and sell in a

rather lax manner, and I would like to point out to these people that with the possibility of a £100 penalty on the horizon that it will not do to sail too close into the wind.

On the subject of the contamination of meat, I would like to emphasize on the question, and that is, that there is much more contamination of meat after it has left the butchers' shops than ever there is before. It is no use making regulations and going to a great amount of expense in making the butchers give a clean meat supply if it becomes contaminated and made unfit for use by careless handling between the shop and the oven.

I would also like to ask the butchers to make more use of the painless killer; the type of man who states "I don't believe in it" is living far behind the realities of the present day.

During the nine months of the year in which the Meat Regulations were in force, there have been 152 inspections of the Meat Shops and 147 of the Slaugher Houses.

Number of Private Slaughter Houses in use in the Area:—

	In 1920	In Jan., 1925	In Dec., 1925
Registered ...	5	5	4
Licensed ...	1	1	1
Total ...	6	6	5

The Slaughter Houses in the area are still as bad as ever, they can only be described as makeshifts, and the need of a Public Abattoir becomes more apparent every day. This need has been pointed out ever since this Council was formed, and if erected would solve a great many of the problems which arise in the carrying out of the new Regulations. If this were done it would also bring into line the private pig-owners who at present have every opportunity of evading the Regulations. We have the Bye-laws of this Council, which were introduced in 1913. These were brought into force with a view to regulating the then existing Slaughter Houses, which incidentally are the Slaughter Houses of the present day. At that time it was not thought expedient to build a Public Slaughter House, so that the Bye-laws were evidently drawn up with the object of making the best of a bad job, and ignored entirely the facts that all the Slaughter Houses were either too close to existing dwelling-houses or had no separation between Slaughter House and Shop, or no separation between Lairs and Slaughter House. By leaving out these points they had the effect of giving the Council's sanction to a state of affairs which was opposed to all ideals of Public Health.

I am not cavilling at this at all. I agree that the Bye-laws did a tremendous amount of good, but I do say that the time is now overdue for the whole question to be taken up and the question gone into thoroughly.

MILK.—The milk supply of this district will have to be improved, if possible. The milk seller who goes to the trouble and expense of producing a high grade milk, which none of our milk producers do at present, should be encouraged. The position has been formerly that the man who went to the expense of installing up-to-date plant and arranging for the regular examination of his herd could not compete with the man who produced his milk under insanitary conditions with unskilled labour and a pervading air of general slackness. The difference in price is about one penny per quart, and the public are not yet educated up to the point where they realise that this is a cheap price to pay for the safety of their children, for there is no doubt that the chief cause of Tuberculosis in children is the drinking of infected milk.

It has often been said, in this district at least, that most of the cow-byres are so antiquated that it was impossible to produce a Grade A milk in them, but it has been clearly demonstrated by the National Dairy Research Institute that, provided the producer's methods are right, clean milk can be produced in any old premises.

To the casual observer it would seem that the milk of this area is of sound quality. It seems creamy and it seems clean, but inefficient cooling will produce an apparent abundance of cream, and this same milk is possibly teeming with micro-organisms. With regard to cleanliness, an absence of gross dirt does not mean clean milk, and this dirt, visible to the eye as plain cow-dung, is not always absent from our milk.

In order to bring to your notice how a very small matter can make a great deal of difference to the purity of a milk supply, I would like to give the results of an experiment which has recently been carried out.

In this experiment three-quarters of a pint of sterilised milk were placed in a sterilised bottle, and a fly was then put into the milk. After a minute the fly was removed from the bottle, the milk was shaken up and subjected to a careful microscopic examination. Every fifteen drops were then found to contain 42 germs. This small quantity of milk was left in a room for twenty-four hours, and at the end of this time the 42 germs had multiplied to 675,000, and in two hours more they numbered

5,675,000. It is not, of course, suggested that each of these germs would produce disease, but the effect on a community if a supply of milk should become infected with say a potent strain of Diphtheria bacilli, is too terrible to contemplate.

I would like it to be clearly understood that I am making no attack on the Dairy Farmers of this area; they do their best to keep clean their cows, byers, and utensils, and are really interested in all matters appertaining to a clean milk supply, but I do cavil at the haphazard methods of delivery which are practised in this area, and it would be interesting to see the result of a bacteriological examination of each of our milk supplies as it leaves the delivery can.

It is useless to spend hundreds of pounds on the segregation of Scarlet Fever patients, on the wiping out of a Small-pox epidemic, or on the sanatorium treatment of tuberculous people, if a cause of disease such as milk undoubtedly is, is allowed to run rife without even a proper investigation.

What I would suggest is this, that the Ministry of Agriculture be brought in to take samples of milk from each distributor in the area, that these samples be subjected to a bacteriological analysis, and that if Tubercle Bacilli be found, or other deleterious forms of microscopic life, that this Council should then take what steps it considers right and just.

Up to the present no action has been taken to have milk bacteriologically examined, and therefore no action has been taken with regard to tuberculous milk.

No milk seller has applied for a licence to deal in Graded Milk in this area.

While on the subject of Graded Milk, it would perhaps be well to remind you of the different kinds of this class of milk :—

CERTIFIED MILK.—This is the highest grade of milk obtainable, it is sold in bottles sealed and capped at the farm, each bottle bearing the name and address of the producer, and the date of production. It is produced from cows proved free from tuberculosis and kept isolated from all other cattle. The milk must not be heated in any stage in its production.

GRADE A MILK.—There are two varieties of the above:—

(*a*) Pasteurised Grade A : This is the milk after it has been treated by heat.

(*b*) Grade A (Tuberculin tested) : This is from cows subjected to the Tuberculin test.

In the case of Grade A Milk, the requirements are not so stringent as in the case of Certified Milk. The cows must be examined every three months by a Veterinary Surgeon, but the Tuberculin test need not be applied to them.

It can be seen from this that Grade A Milk is only removed by a very narrow margin from the Certified Milk standard, and indeed I am given to understand that most Grade A milks are up to Certified Milk standard.

CONTAMINATION OF FOODS.—I would like to refer here to the subject of the practice of allowing cats to roam at will about shops. There can be no doubt that this practice is only mentioned when it is condemned, but as the evil continues, in spite of appeals in the press, it is obvious that no improvement will take place until the Public see for themselves the need of a food supply free from animal contamination.

Another way in which food is contaminated, especially in this district, is the almost universal use of newspaper as a wrapping medium. There is no need to detail the many ways in which newspapers become soiled, or even actually infected, between their birth at the printing office and their appearance in the food shops. The only way to deal with this danger is for the Public to deal with those shop-keepers who show that they realise what a clean food supply means, and to obtain whenever possible clean grease-proof paper to wrap their food in.

Food, like sweets, cakes, and bread, are eaten in much the same condition as they leave the shop, and these are the foods which from their nature attract dust and the attention of flies. It is necessary that these articles of food should be better protected than they are, and the keeping of sweets in open trays should be done away with.

Supervision and Control over Infectious Disease.

Table showing Infectious Diseases notified during 1925 :—

Disease	Cases Notified	No. removed to Hospital	Total Deaths
Diphtheria - -	4	—	—
Enteric Fever - -	2	—	1
Smallpox - - -	94	84	—
Scarlet Fever - -	20	11	—
Tuberculosis :—			
a. Pulmonary - -	38	27	8
b. Non-Pulmonary -	26	3	2
Erysipelas - -	3	—	—
Pneumonia - -	25	—	12
Ophthalmia Neonatorum -	4	1	—
Chicken Pox - -	21	—	—
Encephalitis Lethargica -	2	1	—

It will be quite safe to say that the year 1925 has been the blackest year Prudhoe has ever had from the point of view of notifiable diseases.

Apart altogether from the epidemic of Small-pox, which took up almost all the limelight, we have had with us during the whole of the year a widespread epidemic of Whooping Cough, which was responsible for a large amount of coincident Bronchitis and Pneumonia among the children. There were three deaths from Whooping Cough during the year.

In the early part of the year a severe epidemic of measles broke out, causing two deaths, and I am quite sure that at least ninety per cent. of the children of school age who had not previously had the disease were affected. Along with this Chicken-pox was quietly holding its own, and it is altogether rather surprising that when Small-pox did break out that it did not get a much bigger hold than it did before it was discovered.

SMALL-POX.—Jenner, writing in 1798 on the subject of Small-pox, describes an epidemic which " Was of so mild a nature that a fatal instance was scarcely ever heard of, and consequently so little dreaded by the community that they scrupled not to hold the same intercourse with each other as if no infectious disease had been present among them."

What was true in 1789 was equally true in the Prudhoe area in 1925.

The last epidemic of Small-pox occurred here at the beginning of the Century ; perhaps risks have been run by the people themselves which they would not have run twenty-five years ago, and which would have cost them a large number of lives if the epidemic had been of a virulent nature. In spite of this we were a great deal ahead of that time in dealing with the disease as an epidemic ; our methods have been successful, and we have a lot to be thankful for.

The first case was notified early in April, and the following steps were immediately taken :—The Ministry of Health, Local Practitioners, Public Vaccinators, and the Medical Officers of Health of adjacent areas were immediately notified, and in order to clinch the diagnosis of the case the County Medical Officer kindly consented to meet the notifying practitioner and myself in consultation, and as a result of this it was agreed that there could be no room for doubt that the case was a true Small-pox.

I mention this latter fact because in the first few weeks of the epidemic, for some reasons, political considerations, pure sentimentalism, personal prejudices, or something else, unknown and undiscovered, a certain section of the community endeavoured to make out that the disease was not Small-pox at all. If there is one sure thing about the epidemic it is that the disease was definitely Small-pox and nothing else. The evidence for stating this is conclusive, whereas what was brought against it was either irrelevant, trivial, or sheer imbecility. I feel very strongly on this matter, for if those "Anti-Everythings" had used their energies on the side of science and common sense I would have been spared many wranglings with uninformed people who were capable neither of close observation nor logical deduction.

The second case was notified on the following day.

Owing to the fact that these cases were notified on and about the Good Friday, great difficulty was experienced in getting into touch with the various people concerned. It was a mighty effort on the part of Dr. Steedman to open up the Lightwater Hospital, commencing with no staff on a public holiday, and finishing up by taking in our first cases within twenty-four hours of notification.

At the onset there was a great deal of difficulty in tracing contacts. Vaccination could not be enforced, and it was difficult to find anyone who would take advice on the subject, and it was a common occurrence to find as the Medical Officer entered at the front door that a bunch of contacts would be vanishing

out at the back. It was quite impossible at first to get the people at large to treat the matter seriously.

On April 27th and 29th eleven more cases were notified. This seemed to wake the district up somewhat, and there commenced a real desire on the part of parents to have their children vaccinated.

By this time the Public Vaccinators had got well under way, and vaccination stations had been established at Mickley, Prudhoe, Low Prudhoe, Eltringham, and West Wylam. At the schools each of the children were given a piece of paper to take home to their parents asking their written permission for the children to be vaccinated, and there were not many refusals.

Throughout the month of May the number of cases steadily increased, and 56 cases were reported. During the first week of this month it became apparent that the Lightwater Hospital was quite inadequate for the needs of the district, and the Minister of Health was informed as each new case arose that there was no hospital accommodation available for it. The Ministry considered that this most urgent and deplorable state of affairs should be enquired into, and sent down Dr. Sturdee, who inspected the cases in their homes and also the arrangements of the Public Vaccinators. He advised getting into touch with the Blaydon Council, with a view to obtaining accommodation for the surplus cases. This was done, and as an outcome we were offered the use of twenty beds at the Sealburns Hospital, and commenced to lead in our patients on the 14th May. By the 16th we had taken up all our beds, and I was compelled to press for more accommodation. At the Hospital they managed somehow, and by the 25th the Prudhoe patients had thirty-two beds, which was the outside limit of space they could let us have.

At this time Lightwater was full, and it became noticeable that the attitude of the people was changing, the scoffers were becoming silent in the face of public opinion, and the doubters ceased to doubt, and got vaccinated instead. This had an immediate effect, and the number of cases reported weekly fell slightly, so that we were just able to keep within our quota of beds at the hospitals.

During June the number of cases continued to fall off in numbers, and in July only one case was notified.

This finished the epidemic.

There were 94 cases in all, 47 males and 47 females, and the following table shows the distribution with regard to age :—

	0-5	5-10	10-20	20-30	30-40	40-50	50-60	Over 60	Totals
Males - -	2	9	13	7	2	3	8	3	47
Females -	4	10	19	3	5	4	2	—	47
Totals - -	6	19	32	10	7	7	10	3	94

The distribution with regard to place is as follows :—

West Wylam	64
Prudhoe	21
Low Prudhoe	2
Eltringham	4
Mickley and West Mickley ...	3

VACCINATION.—It is impossible to say the exact number of vaccinations performed during the epidemic, as a large number must have been done privately by the Medical Practitioners in the district, but approximately 1900 were done by the Public Vaccinators alone.

Of the 94 cases, 66 had never been vaccinated at all, 21 had been vaccinated in infancy, 5 had been vaccinated after the occurrence of a case in the house they were living in, and in consequence after they were infected, and one case had been vaccinated in infancy and re-vaccinated twelve years before the onset of the disease.

Of the 21 cases vaccinated at infancy, the youngest was 19 years and the oldest was 74 ; the average duration of time between these cases being vaccinated and taking the disease was $43\frac{1}{2}$ years.

Of the six cases who were vaccinated after the occurrence of a case in their home, the onset of the disease occurred from five to thirteen days after vaccination, and they had been in contact with cases almost continuously from two to six days before they consented to become vaccinated.

I do not propose to give a dissertation on the virtues of vaccination, these figures speak for themselves, and it is quite sufficient to say that not one case occurred in a person who was in a vaccinated condition.

Before leaving the question of Small-pox, I would like to place on record my thanks to all those who helped me in a very trying time, especially Mr. Burnie, who had the job of taking the cases to hospital; this was done by him with a great amount of patience and tact, and at the expense of a large amount of his own time.

Enteric Fever.—An outbreak of Enteric Fever commenced in October, 1924, at West Wylam Terrace, the first notifications consisting of three cases of Para-Typhoid Fever.

I at once visited the house and gave all necessary instructions with regard to disinfection, and paid special attention to the prevention of the formation of another disease centre in the district.

The privy accommodation was made as good as possible short of a complete conversion into a water closet.

Another case was notified as Enteric Fever in December, 1924, and another two cases in January, 1925, bringing the total number of cases up to six. Of these last two cases, one unfortunately died.

As an illustration of the carelessness and general want of thought of some people when brought into contact with an infectious disease, I might mention that a person who had been in contact with some of these cases left the district without informing either your Medical Officer or the Medical Officer of the district which she entered that she was a possible carrier of the disease.

This case contracted the disease, and when last heard of was said to be in a most precarious condition.

Pneumonia.—There have been 184 notifications of this disease, and 55 deaths during the past five years. Included in the above are 25 notifications and 12 deaths for 1925.

These figures, I think, show a rather alarming state of affairs. Little is done by the country generally, and nothing by this district in particular, to check the ravages of this disease.

That it is infectious few doubt, that it kills as many people as all the other infectious diseases put together is common knowledge, and still nothing is done,—and nothing can be done until proper hospital accommodation is provided for the people.

Pneumonia is essentially a disease where fresh air, quietness, and freedom from worry are necessary to ensure recovery, and I am sure that if cases of this description could be removed

to hospital that the percentage of deaths could be cut considerably.

I need not ask you to imagine the scene, as I think that most of you will have seen a case of Pneumonia being nursed in one of our two-roomed houses. There are usually eight or nine occupants of the house, and all the patient's relatives and friends are gathered round, the doors and windows are shut tight, and the temperature gradually rises to that of a Turkish bath; in order—it would seem—to further deprive the patient of the slightest whiff of fresh air, his bed is surrounded by a wall of blankets. As far as I can see, public opinion will not take any advice on the subject of Pneumonia.

You will see from my remarks that the chief essential for the control of this disease is the provision of adequate hospital accommodation.

INFLUENZA.—During 1925 there has been one death from Influenza, and four deaths during the last five years.

Since the world-wide prevalence of this disease in 1918, there has been only the usual seasonal outbreaks, and these seem to be tending towards what can only be described as a feverish cold. It is rare to see a severe case of the 1918 type.

No method of community protection can be worked out until more is known of the disease, and no special enquiry has been made in this district with regard to it.

SCARLET FEVER.—During 1925 there were 20 cases of Scarlet Fever notified, and in the past five years there have been 163 cases notified, with four deaths in 1921.

Judging from the Scarlet Fever returns for the past fifteen years, it looks as if we might expect a big epidemic within the next year or two, and we shall certainly have one during the life of the present Fever Hospital, so that unless something is done quickly with regard to the Hospital, we shall find ourselves in the same state of unpreparedness that we have always been in.

DIPHTHERIA.—There have been 13 cases of this disease during the past five years, with one death, four of these cases occurring in 1925.

There is no available hospital accommodation at all for this disease either in or outside the district for our cases of Diphtheria.

SCHICK AND DICK TESTS.—The above are tests to discover individuals who are susceptible to Diphtheria and Scarlet Fever respectively.

Work has now been proceeding for some years on these tests, and their natural result, namely, the artificial immunization of these individuals against these diseases.

No work, as far as I know, has been done in this district with regard to the above.

HOSPITAL ACCOMMODATION.—In my remarks on the various infectious diseases, I have repeatedly drawn your attention to the lack of hospital accommodation in the district.

Hope has been entertained for some years now that we were going to get a Joint Hospital for Infectious Diseases with the Hexham Rural District. I know that a tremendous amount of work has been done by the Medical Officer of Health for Hexham with regard to this, and I know that the need is realised, but still we don't seem to get any nearer our object, so I suppose the "antiquated tin shed" will have to remain with us a little longer.

The subject has been fully discussed in former reports, but is it really too late for us to cut adrift from other schemes and to build a hospital of our own ?

TUBERCULOSIS.—The end of 1925 sees us in a very bad position with regard to this disease. 64 fresh cases have been notified during the year, which is more than has ever been notified in any two years before.

This is not, in my opinion, altogether due to a mass increase in the amount of Tuberculosis in the area, but is partly due to the increased interest there has been shown in Tuberculosis work during the past twelve months. The existence of the Tuberculosis Clinics at Newburn and Hexham has become more widely known and much more widely used. The educational side of Wooley Sanatorium is seen in a most pronounced manner when a patient returns from there, and it is quite safe to say that each returned patient is a Crusader against the disease. The result of these factors is that people are more ready to come forward for examination at times when they are out of sorts, and cases are often discovered which in former years would not have been seen by their doctors until a few months or even weeks before their death. This latter type of ignorance is rapidly dying out, and we are able to send a much larger proportion of early cases to Sanatoria than we formerly did.

All these causes then have given us a larger return for Tuberculosis, but in my opinion it defines our true position with regard to the disease.

At the end of 1925, there were 114 cases on the Register, and in view of what I have just said about finding our true position, I think that now is the time to see what can be done from the point of view of fighting the disease, and making the figure of 114 a top limit which must be reduced, instead of looking at it as a figure which has been steadily mounting for the past five years, and which looks like going on for a few more.

One of the best plans for working against this disease is the forming of an After Care Committee for the welfare of patients who have returned from the various Sanatoria, and I commend this to your Council. Could not a Committee be formed from this Council, with power to add to its numbers, from those who are interested in the work. There would be a lot to do as the scope is almost unlimited.

One of the chief drawbacks of the present day Tuberculosis Schemes is that full provision is not made for the hopeless cases. For obvious reasons these cases are not suited to the ordinary Sanatorium, this being due to the fact that, in the first place, there is no room for them, and in the second place, the psychological effect of deaths in a Sanatorium upon other patients is bad, and I think that the present Sanatoria should remain as they are now, places where people are made well, and if these advanced and hopeless cases are to be removed, then separate establishments should be provided for them. In order to avoid the somewhat gloomy atmosphere which must necessarily surround an institution into which patients are only admitted for the purpose of awaiting death, I think that this type of hospital might be provided as a small sized unit, so that patients might be near their homes, and that their relatives could easily visit them. A unit of this size could very easily be incorporated with the large sized Infectious Diseases Hospital, which has been under consideration by your Council for some years.

A similar unit could also be provided for the use of patients under observation, or for those patients waiting for a bed in a Sanatorium.

A step forward in Tuberculosis legislation has been taken during the past year, and now your Council has the power to suspend any tuberculosis person from engaging in the milk trade in any way, and also has the power to compulsorily remove any tuberculosis person to a Sanatorium, subject to appeal to the Courts by the patient. This is a step in the right direction, as formerly we had been in the ridiculous position of being able to

remove, say a case of Measles if it was thought necessary, while the consumptive was free to roam about and make himself a carrier of disease.

Table showing the state of Tuberculosis Cases notified during the last six years :—

PULMONARY CASES.

Year.	No. Notified.	Cured.	Stationary.	Dead.
1920	5	0	0	5
1921	15	0	3	12
1922	11	2	3	6
1923	17	0	11	6
1924	17	0	13	4
1925	38	0	36	2

NON-PULMONARY CASES.

Year.	No. Notified.	Cured.	Stationary.	Dead.
1920	2	2	0	0
1921	9	5	1	3
1922	13	6	4	1
1923	13	3	9	1
1924	8	0	8	0
1925	25	0	24	1

The above tables are made out to December 31st, 1925, and show the state of Tuberculosis patients on that date.

It will be quite impossible until the next Survey Report is reached in 1930 to say how the expectation of life is increasing for the consumptive, but I think that with increased education of the public, an increased amount of accommodation for patients, early notification on the part of the Doctors, and some great step forward in the treatment of the disease, which will come, I think, in our time, in addition to the wiping out of insanitary dwellings, that we will see a big decrease in the number of Tuberculosis patients, and also a much longer expectation of life for those who are affected.

I give below a table showing the Tuberculosis cases notified during the year and the deaths taking place from them :—

Age periods.	New Cases				Deaths			
	Pulmonary		Non Pulm.		Pulmonary		Non Pulm.	
	M	F	M	F	M	F	M	F
0	—	—	—	1	—	—	—	—
1	—	—	1	6	—	—	—	—
5	2	—	1	2	—	—	—	—
10	—	3	3	2	—	—	—	—
15	5	3	2	5	1	—	—	—
20	2	3	—	—	—	2	—	—
25	2	6	—	1	—	—	—	—
35	1	3	1	—	—	1	1	—
45	5	1	—	—	2	—	—	—
55	2	1	—	—	2	—	—	—
over 65	—	—	—	—	—	—	1	—
Totals	19	20	8	17	5	3	2	—

Water Supply.

The water supply to the whole of the district, with the exception of a few isolated houses, is taken from the Newcatsle and Gateshead Water Co.'s Mains, and there is a sufficient supply for all purposes.

The houses on the higher portions of Prudhoe had, until last year, a very intermittent supply, but the Water Co. have linked up the Mains from High Mickley with those at Prudhoe, and the result is that a sufficient and constant supply is now available.

The few houses which are out of reach of the Water Co.'s pipes, get their supply from wells.

The number of houses supplied from the above sources is 1,755.

QUALITY.—The water is an upland surface water of good quality.

Sewerage and Drainage.

The Sewerage system throughout the district is, on the whole, satisfactory. Most of the main sewers are comparatively new and in good condition.

The main sewer from Low Prudhoe to the Disposal Works has very little fall, and requires a good deal of attention, but it is hoped that, when the sewers from the New Housing Scheme at Prudhoe Castle are connected up to it, much better results will be obtained.

Seventeen new houses have been connected up to the sewers during the last five years, all the drains of which have been properly tested.

Sewage Disposal.

There are five different Disposal Works within the Urban Area, each dealing with the sewage from one of the villages.

They are all in good working order. A new filter has been put down, and other improvements have been carried out at Halfway House Sewage Disposal Works, to bring them more up to date and to provide for the additional sewage from the Edgewell Housing Scheme to be dealt with.

There is a small tank and filter at Eastwood, which deals with the sewage from the houses in that district, and there are several cesspools, which deal with the sewage from isolated houses and houses below the level of the Disposal Works.

In one or two cases, the sewage delivers directly into the river.

Closet Accommodation.

There are, approximately, 940 privies, ashclosets, etc., in the Urban Area, made up as follows :—200 of the old pattern of privy ashpit, 9 pail closets, 16 dry ashpits, and 719 ashclosets, with fixed receptacles.

The privy ashpits belong to the older houses, and are, generally speaking, only in moderate condition. All the others are of the newer type, and are in much better structural condition.

There are 370 water closets in the district, chiefly among the newer houses.

Very few conversions have been carried out during the last five years, but the Council allow no new houses to be built without water closets.

Ash bins are provided for refuse in all houses where there are water closets.

Scavenging.

The Scavenging of the whole of the houses in the district has been taken over by the Council during the last five years, and carried out by direct labour.

The Council have their regular staff for this work, who spend the whole of their time attending to the scavenging.

It is very rarely that there are any complaints about the work, and, if complaints do come in, they are dealt with at once.

Private Streets.

During the last five years, several Private Streets have been made up and taken over by the Council, as follows:— Victoria Street, Back Street and portion of Front Street; Wesley Terrace, Front Street; Wesley Street, Back Street, East and West Sides: Oakfield Terrace, Back and Front Streets; Gordon Terrace, Back Street; Tulip Street, Back Street, East and West Sides, and part of Front Street; South View, Back Street; West View, Back Street; and Aged Miners' Homes, Back Street.

Plans, specifications, etc., have been approved for the making up of all the Private Streets on the North Side of Front Street; Leaburn Terrace, Back Street; Fair View, Front Street; and Oaktree Terrace, Back Street.

It is hoped that the whole of this work will be carried out during the present year.

The Mickley Coal Co. have penned, and partly made up, several of their Streets at West Wylam, but very few of them have been properly finished.

The Council are now issuing notices for them to make up the whole of the Streets in West Wylam.

Housing.

NUMBER OF NEW HOUSES ERECTED DURING THE YEAR.

(a) Total (including numbers given separately under *b*)	4
(b) With State assistance under the Housing Acts:—	
(1) By the Local Authority	Nil
(2) By other bodies or persons	4

1.—UNFIT DWELLING HOUSES.—INSPECTION.

1. Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	194
2. Number of dwelling houses which were inspected and recorded under the Housing (Inspection of the District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	88

3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ... Nil

4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be, in all respects, reasonably fit for human habitation 75

2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the officials of the Local Authority 52

3.—Action under Statutory Powers.

A. Proceedings under section 3 of the Housing Act, 1925 ... ... Nil

B. Proceedings under Public Health Acts.

(a) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 75

(b) Number of dwelling houses which were rendered fit after service of formal notices:—

1. By Owners 52

2. By Local Authority in default of Owners ... ... Nil

C. Proceedings under sections 11, 14, and 15 of the Housing Act, 1925 ... ... Nil

Housing.

In the year 1921, the Council's Housing Scheme at Edgewell, numbering 80 houses, was completed.

There were also 52 wooden houses ready for occupation about the same time, making a total of 132 houses and huts.

These houses, when occupied, reduced the overcrowding considerably, but did not nearly meet the need at the time. Since then, 12 more Council houses have been built at Mickley, and 17 have been built by private enterprise, which further reduced the overcrowding. There are still, howerer, 160 applications for houses, which goes to prove that there is still a considerable amount of overcrowding in the district.

We are glad to be able to report that a start has been made with the building of the first 20 houses on the Prudhoe Castle Housing Scheme. Sanction has been obtained from the Ministry of Health to continue with the remaining 110 immediately. These 130 houses will still not meet the present need, but they will considerably reduce the overcrowding.

Unless private enterprise provides a number of houses in the near future, the Council will be compelled to go on building after the Castle Housing Scheme is completed.

With regard to the existing housing conditions, there are a large number of old, stone-built houses, which are in very moderate condition, a large proportion of these being in the Colliery Villages. There are over 300 back-to-back houses within the Urban Area. Most of these houses have only two rooms, and have no through ventilation. They ought to be made into through houses as soon as there is a sufficient number of houses for the people who would be displaced by making two houses into one. The defects existing are chiefly defective spouting, leaking roofs, and damp walls, very often caused by want of pointing.

In most cases, the defects are due to the lack of proper management and supervision by the owners. This is especially the case with regard to Colliery property, where there are so many houses to look after, many of them being in very moderate condition to begin with.

Schools.

The Public Elementary Schools have been inspected during the year, and I wish to give a report on each School.

School.	No. on Register.	Average Attendance.	Accommodation.
Prudhoe Council School	268	236	250
Prudhoe Council School (Infants) ...	90	75	106
Prudhoe Council School West	251	236	270
Prudhoe Council School West (Infants) ...	101	88	162
Prudhoe Catholic School	146	131	131
Prudhoe Catholic School (Infants) ...	57	50	48
Low Prudhoe School	87	83	112
Mickley School	279	251	250
Mickley School (Infants)	110	110	140
Eltringham School (Mixed and Infants) ...	207	183	143

PRUDHOE COUNCIL SCHOOL.—This School was in fair good order. A window on the north side requires to be renewed. The ashphalt in both playgrounds is breaking up in several places, but not seriously. The closets in the boys' end require a general overhauling.

PRUDHOE COUNCIL SCHOOL WEST.—Two of the water closets, at the time of the last inspection, were not in good working order. A coping stone in the boys' playground was loose and in danger of falling over and fetching part of the iron railings over with it. The ashphalt in the boys' playground was commencing to break up. This, I think, may be due to roots of trees, extending from the Old Cemetery.

PRUDHOE CATHOLIC SCHOOL.—This School was in good order. The ashphalt in the playground on the east side has practically disappeared, but, as there is a large playing field on the west side, I do not think that there is any great need to have the ground re-laid, although it would be better done.

MICKLEY SCHOOL.—The roof of the Infants' Department at this School is leaking slightly, and a sink at the south side of this block was choked, when I inspected the School last. I was informed that this sink was very often choked, and it appears to be due to the fact that the level of the yard slopes towards this point, and, in consequence, all surface dirt gets washed into it during wet weather.

ELTRINGHAM SCHOOL.—This School was in good order, but the playground appears to be as bad as ever. A new School seems to be the only remedy for this.

An iron railing is missing at the west boundary of this School, and I am told that the lavatories here are used pretty well as public conveniences, the people getting in through this gap in the railings.

The spouts at this School need cleaning, as they are choked up with an exuberant growth of grass.

LOW PRUDHOE SCHOOL.—The inside walls of this School are damp. This may be due to the bad heating arrangements here, as a reference to their temperature charts showed that a temperature of between 40-45 degrees had been fairly common during the cold weather, and, on one occasion, it had been down to 38 degrees. This is much too low for children to sit in all day.

There is no separate lavatory accommadation for the teachers at this School.

In the north playground, there is a hole in the cement, which has been left over from some drainage alterations, and, as it is the only flaw in an otherwise good playground, I think it might be ashphalted over.

Miscellaneous.

MOSQUITOES.—These insects, which appear to be increasing in numbers and virulence year by year, will, I think, have to be dealt with in a more methodical manner in future. Up to the present, your Council have been content to wait until complaints were made, and then took steps to deal with them.

Any measures to deal with this pest will have to be taken early, as each insect lays several hundreds of eggs each summer, and the chief object in any measures taken will have to be their extermination before they have reached the flying stage. The surest way is to get rid of all stagnant water, and, in addition to this, to spray all possible breeding centres with some good insecticide.

I would propose, in the first place, that some large sized bills should be posted round the district, informing the people of the habits of the mosquito, and telling them that an insecticide could be obtained at the Council House, free of charge, on production of a bottle. Instructions could be given at the same time as to the method of use. In conjunction with this, each centre, such as West Wylam Huts, could be visited early in the year, and any stagnant water or damp places could be dealt with by the Council.

Smaller leaflets could also be distributed at these centres, warning people that they also must do their best to keep the insects down, and help, by seeing that their dust-bins should be kept covered, that no filth or slops should be thrown on the road or anywhere near the house, and to see that their house should not become a breeding place for flies.

I went into this question very carefully last year, and came to the conclusion that not all the trouble was due to the mosquito, but that a great deal was due to some variety of blood-sucking fly, which appeared to breed in the woods, and lived with equal ease either inside or outside the dwellings of the people.

Without expert advice, it is impossible to say what particular variety of mosquito, midge, or biting fly we have with us, as there are so many of them, and, as the mode of reproduction and living varies with each particular kind, I think that we may experience some little difficulty in dealing with them, but I think that measures on the lines I have indicated would be best.

The insecticide I would advise being used, consists of one pint of paraffin in a gallon of warm water, with four ounces of carbolised soft soap.

Sheds and Caravans.—Whilst not wishing to take any exception to the person who uses a caravan for the dual purpose of getting about the country and also as a home, I wish to draw your attention to the shack and shanty towns which seem to be springing up in other parts of the country, and to sound a note of warning with regard to them.

In these days of housing shortage, some families have been forced to rent caravans or to erect ramshackle sheds. Where one of this type exists, it is not, usually, very long before more are found, and, when once a small colony is established, it usually proves a very difficult matter to deal with it, but "intention to remain" should, I think, be the point on which your Council should take its stand. If a person intends to place any caravan or shed in this area, I would suggest that, if he intends to remain, plans should have to be submitted, and that if these plans do not allow for both an efficient water supply and sanitary arrangements, with good lighting and ventilation, then the placing of the building in your area should not be allowed.

I would suggest that the Model Bye-Laws of the Ministry of Health on this subject should be adopted, in order to deal with cases of this sort as they arise, because, once we begin with this type of nuisance, we shall be unable to deal with it in a satisfactory manner, unless we are fully prepared.

Poor Law Reform.—Although the existing Poor Law is not yet dead, suggestions have been made as to how and when the burial shall take place.

That it should take place seems to be the universal opinion, and the sweeping changes which are advocated seem to have been accepted with a rather surprising unanimity.

The proposals, as far as Public Health is concerned, is that its administration should be vested in the County Council, and that the present Boards of Guardians should be abolished and their powers also to be handed over to the County Council.

If this means that their powers are to be handed over to the County Council for them to take a general responsibility for health administration, with the Local Authority acting under and within the County, then I think that all will be well, but if there is any danger of the smaller Urban Districts, of which this area is one, being submerged and absorbed into other areas, then when this Council is asked for its opinion, as it will be at the same time as all other Councils, I think that an endeavour should be made to preserve our local autonomy, as I am sure

that nothing can be gained by merging the powers of a self-contained district like ours with that of any other.

I think that this Council from a Public Health point of view is a most enlightened and well informed body, which is always ready to take the right step forward, and it has attained this position, in my opinion, solely because of its intense sense of local patriotism, which has certainly operated for the public good; it will be a pity if all this has to go for nothing as it might if the craze for co-ordination should become the order of the day, which it certainly looks like doing.

POPULATION.—The population of your area continues to show its usual healthy annual increase, and is numbered now at 9,377.

TRAVELLING SHOWS.—The question of sanitary accommodation for the travelling shows, which visit us at fairly regular intervals, should, I think, be gone into. These people scrupulously clean in most things, visit this area and make the nearest dykeside their closet and the ground near their vans their refuse heap. I would suggest that you have some portable sectional closets made, and let them out at a reasonable rental, and thus do away with this form of nuisance.

STEAM DISINFECTOR.—This Council should undoubtedly take up the question of purchasing a steam disinfector. It is urgently needed, and would solve some of our problems in dealing with the subject of disinfection of such objects as clothes and bedding.

RECREATION GROUNDS.—The last two years have seen a great step forward in the provision of recreation grounds in the district, which have been the means of giving a large amount of healthy enjoyment to a great many people. It is perhaps rather Utopian to say that if more people played games, then there would be less need for Sanatoria, but nevertheless I think it is true. While on this subject I would like to say a word or two about the young hooligans who kick balls and tin boxes about the roads on Sunday nights. If these youths were to use their energies in showing us their manliness on the playing fields, instead of their bad manners on the roads, I am sure that it would remove some of the cobwebs from such intellects as they appear to possess, as well as making the roads safe for those who are making a legitimate use of them.

I would like to recapitulate the steps I would advise being taken, if not at once then during the next five years, before another Survey Report is presented. They are :—

(1) The erection of a Public Slaughter House.

(2) The regular examination of Milk Supplies.

(3) The provision of Hospital accommodation worthy of the area.

(4) The formation of an After-Care Committee for the Tuberculosis patients of the area.

(5) The adoption of the Model Bye-Laws with regard to Sheds and Caravans.

(6) The provision of Closet Accommodation for travelling shows.

In conclusion, I would like to thank Mr. Baty (the Clerk) and Mr. Burnie (the Surveyor) for the help they have given me during the past year, and also the Council for their many kindnesses to me, particularly during the last year, when my health broke down.

As the Report has been compiled by the Acting Medical Officer for the most part, it is, as you see, signed conjointly.

We are,
Mr. Chairman and Gentlemen,
Your obedient Servants,

ROBERT McCOULL,
Medical Officer of Health.

GEORGE McCOULL,
Acting Medical Officer.

TABLE 1.

Sanitary Inspector's Annual Report, Year ending Dec. 31st, 1925.

[Sanitary Officers' Order, 1922, Art. 19 (12).]

Name of District, **Prudhoe Urban.**

Population, 8,924 (1921)

Name of Inspector, **Mr T. BURNIE.**

	Housing						Water Supply		Drainage			Sanitary Conven'ces																	
	Structural defects	Dampness	Unfit for human habitation	Defective spouting	Overcrowding	Nuisances	Insufficient	Unsatisfactory	Foul	Untrapped, or defective	Insufficient	Structural defects	Insufficient	Foul	Dairies and cowsheds	Slaughter houses	Tents, Vans, etc.	Offensive trades	Workshops & Work-places	Keeping of animals	Insanitary Ashpits and Receptacles	Ashpits improperly used	Offensive accumulat-ions	Smoke nuisances	Petrol stores & carbide	TOTALS
No. of Inspections during year	...	...	110	...	...	...	...	...	...	9	...	...	19	...	21	6	4	...	25	...	...	...	...	...	7	
No of defects or contraventions of byelaws	75	15	...	20	...	...	...	...	6	...	3	13	6	...	...	...	...	...	...	...	...	...	...	...	...	
No. outstanding from previous year	22	...	...	...	...	...	33	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Total	97	15	...	20	...	...	...	...	6	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
No. remedied after letter or interview	...	...	...	...	...	...	...	...	6	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
No. of informal notices served	75	15	...	20	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Defects remedied thereafter	52	15	...	20	...	...	33	...	...	...	...	2	3	...	...	...	...	...	...	...	...	...	...	...	...	
No. of statutory notices served	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Defects remedied thereafter	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
In progress or being dealt with	45	...	...	...	...	...	...	...	...	...	...	11	3	...	...	...	...	...	...	...	...	...	...	...	...	
Legal proceedings	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	

TABLE 2.

SUMMARY OF WORK EFFECTED, 1925

	District: PRUDHOE. Inspector—THOMAS BURNIE.	After Letter or Interview	After Informal Notice	After Statutory Notice	Total
Sanitary Conveniences	Privies abolished	...	...	...	...
	,, repaired	...	...	...	...
	Privy ashpits abolished ...	4	...	...	4
	,, ,, roofed or repaired	3	...	...	3
	Pail-closets abolished ...	...	...	...	...
	Water closets provided ...	...	...	...	...
	,, ,, repaired ...	8	...	...	8
	Sanitary bins provided ...	8	...	...	8
	,, ,, renewed ...	...	...	...	...
Drainage	New drains constructed ...	8	...	...	8
	Drains repaired or reconstructed	11	...	...	11
	Additional gullies provided ...	...	...	...	...
	Old gullies replaced... ...	3	...	...	3
	Scullery sinks provided ...	...	...	...	...
	,, waste pipes repaired ...	9	...	...	9
	,, ,, trapped ...	...	...	...	...
	Yards repaired or reconstructed	1	...	...	1
Water supply	Sources closed or discontinued, nil.	No. of houses affected, nil.			
	New service provided ... 8	,,	,,		8

RIVERS POLLUTION :—1 Particulars ; Houses at Mickley Station.

FACTORIES, WORKSHOPS AND WORKPLACES.

TABLE 3.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries)	5	...	...
Workshops (including Workshop Laundries)	20	...	...
Workplaces (other than Outworkers' premises)	...	...	...
Total	25	...	...

TABLE 4.

DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars.	No. of Defects.			Number of Prosecutions
	Found.	Remedied.	Referred to H.M. Inspector.	
Nuisances under the Public Health Acts:				
Want of cleanliness	...	...	...	...
Want of ventilation	...	...	...	...
Overcrowding	...	...	...	...
Want of drainage of floors	...	...	...	...
Other Nuisances	...	...	...	...
Sanitary accommodation — insufficient	...	...	...	...
Sanitary accommodation — unsuitable, defective	...	...	...	...
Sanitary accommodation — not separate for sexes	...	...	...	...
Offences under the Factory and Workshop Acts:				
Illegal occupation of underground bakehouse (s. 101)	...	...	...	...
Other Offences ... ... (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule of the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921).	...	...	...	...
Total	...	...	...	...

TABLE 5.

Housing (Inspection of District) Regulations, 1910.

Tabular Statement as required by Article V.

District: PRUDHOE URBAN COUNCIL. Inspector: THOS. BURNIE.	Total for District	SUB-DISTRICTS
Number of Inspections made	88	
,, of Dwellings found to be unfit ..	..	
Complaints that houses were unfit—		
(a) By Householders	..	
(b) By Parish Councils	..	
Closing Orders—No. of representations to L.A...	..	
No. of Orders made	..	
No. determined after repair ..	..	
Number of houses Voluntarily closed ..	..	
,, ,, Demolished	..	
Houses made fit for habitation—		
(a) After informal notice	..	
(b) ,, Service of notice under Sec. 28, 1919	..	
(c) ,, Closing orders had been made ..	..	
(d) By Local Authority in default of owner..	..	
No demolished—Voluntarily by owners ..	..	
General character of defects found		
Housing Act, 1890—		
(a) No. of representations of obstructive buildings	..	
(b) No. of such buildings demolished ..	..	
(c) Representations as to unhealthy areas ..	..	

TABLE 6.

BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY DURING 1925.

	Birth-rate per 1,000 total population	Annual Death-rate per 1,000 Population									Rate per 1,000 births	
		All Causes	Enteric Fever	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea & Enteritis (under 2 years)	Total Deaths under one year
England and Wales ...	18·3	12·2	0·01	0·00	0·13	0·03	0 15	0·07	0·32	0·47	8·4	75
105 County Boroughs & Great Towns, including London ...	18·8	12·2	0·01	0·00	0·17	0·03	0·18	0·09	0·30	0·43	10·8	79
157 Smaller Towns (1921 Adjusted Populations 20,000-50,000) ...	18·3	11·2	0·01	0·00	0·15	0·02	0·14	0·06	0·31	0·38	7·6	74
London	18·0	11·7	0·01	0·00	0·08	0·02	0·19	0·11	0·23	0·46	10·6	67
Prudhoe	24·95	11·30	0·10	0·00	0·21	0·00	0·31	0·00	0·10	0·42	0·00	76·92

Table 7.

Table Showing Cases of Infectious Diseases with Age Incidents, notified during 1925.

Disease	Under 1	1-5	5-15	15-25	25-45	45-65	Above 65	Total
Smallpox ...	1	5	46	14	13	12	3	94
Diphtheria ...	...	...	3	1	...	...	...	4
Erysipelas ...	...	...	...	...	...	3	...	3
Scarlet Fever	...	6	13	1	...	...	...	20
Enteric Fever	...	...	1	1	...	...	...	2
Tuberculosis (Pulmonary)	...	...	5	13	18	3	...	39
Tuberculosis (other forms)	1	7	8	7	2	...	...	25
Pneumonia ...	2	11	5	1	4	1	1	25
Ophthalmia Neonatorum	4	...	...	...	...	...	...	4
Chicken Pox	1	10	10	...	...	...	...	21
Encephalitis Lethargica	...	...	...	1	...	1	...	2
Totals ...	9	39	91	39	37	20	4	239

Table 8.

Infectious Diseases Notified 1921-1925, with Age Incidence.

Disease	Total	Under 1	1-5	5-15	15-25	25-45	45-65	Above 65
Smallpox ...	94	1	5	46	14	13	12	3
Scarlet Fever ...	163	3	52	96	7	5	...	...
Diphtheria ...	13	...	...	9	3	1	...	...
Enteric Fever ...	9	...	...	2	5	1	1	...
Pneumonia ...	187	22	73	30	15	26	14	7
Encephalitis Lethargica ...	3	...	...	2	1	...	1	...
Ophtaalmia Nednatorum ...	11	11	...	...	...	...	...	...
Erysipelas ...	26	...	4	...	2	3	12	5
Tuberculosis (Pulmonary) ...	104	...	1	22	31	41	5	1
Tuberculosis (Other Forms)	69	1	21	31	9	5	2	...
Chicken Pox ...	42	4	25	13	...	...	...	...
Totals ...	722	42	181	251	87	95	50	16

Table 9.

Table Showing Causes of Death during 1925.

Disease	Enteric Fever	Measles	Whooping Cough	Influenza	Tuberculosis (Pulmonary)	Tuberculosis (other forms)	Cancer	Rheumatic Fever	Diabetes	Cerebral Hæmorrhage	Heaat Disease	Bronchitis	Pneumonia	Other Respiratory Diseases	Gastriculcer	Nephritis	Pregnancy and Parturition	Congenital Debility, &c.	Violence	Other Defined Diseases	Totals
Males ...	...	2	1	...	5	2	4	1	1	3	3	2	9	1	1	2	...	3	3	13	56
Females	1	...	2	1	3	...	4	...	1	.....	10	3	3	...	...	1	2	7	1	11	50
Totals ...	1	2	3	1	8	2	8	1	2	3	13	5	12	1	1	3	2	10	4	24	106

Table 10.

	Cases.			Vision unimpared	Vision impared	Total Blindness	Deaths
	Notified	Treated					
		At Home	In Hospital				
Ophthalmia Neonatorum ...	4	3	1	3	1	—	—

Table 11.

Infectious Diseases Reported during Years 1910-1925.

Diseases / Year	Scarlet Fever	Erysipelas	Diphtheria	Cerebro-Spinal Meningitis	Continu'd Fever	Puerperal Fever	Polio-Myelitis	Tuberculosis (Pulmonary)	Tuberculosis (other forms)	Enteric Fever	Ophthalmia Neonatorum	Measles	Pneumonia	Malaria	Encephalitis Lethargica	Smallpox	Chickenpox	Totals
1910 ...	32	8	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	48
1911 ...	10	12	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	23
1912 ...	9	3	4	...	1	1	2	10	...	...	...	...	...	...	...	...	...	30
1913 ...	12	10	7	..	...	...	...	10	7	1	...	...	...	...	...	...	...	47
1914 ...	146	10	17	...	...	...	...	9	4	1	1	...	...	...	...	...	...	188
1915 ...	80	10	25	...	...	...	...	6	3	1	1	...	...	...	...	...	...	126
1916 ...	42	4	8	...	...	...	...	5	3	...	...	...	...	...	...	...	...	62
1917 ...	30	7	13	...	...	...	...	4	5	...	...	252	...	...	...	...	...	311
1918 ...	22	9	24	...	...	...	...	4	...	...	...	30	...	...	...	...	...	89
1919 ...	49	9	6	...	...	...	...	7	5	...	...	24	4	2	...	...	...	106
1920 ...	78	10	6	...	...	1	...	6	2	...	1	...	8	...	...	...	...	112
1921 ...	97	6	2	...	...	...	...	16	8	...	...	...	44	...	2	...	...	175
1922 ...	5	8	...	...	...	...	...	12	15	...	2	4	48	...	...	...	...	90
1923 ...	14	6	3	...	...	...	...	21	12	2	3	...	25	...	...	...	...	107
1924 ...	27	3	4	...	...	...	...	16	11	5	2	42	..	...	...	...	21	137
1925 ...	20	3	4	...	...	...	...	39	25	2	4	...	25	...	2	94	21	239

Table 12.

Vital Statistics, 1910-1925.

Year	Population	Death-Rate	Birth-Rate	Infantile Morality
1910 ...	7819 ...	14·03 ...	33·8 ...	132·1
1911 ...	8212 ...	13·7 ...	35·4 ...	130·5
1912 ...	8220 ...	9·6 ...	31·08 ...	57·9
1913 ...	8450 ...	11·3 ...	28·7 ...	111·1
1914 ...	8197 ...	11·4 ...	32·4 ...	78·9
1915 ...	8197 ...	15·51 ...	29·74 ...	99·56
1916 ...	7656 ...	11·49 ...	24·96 ...	81·73
1917 ...	8083 ...	14·84 ...	22·85 ...	97·00
1918 ...	8050 ...	16·27 ...	25·38 ...	100·4
1019 ...	8415 ...	12·00 ...	22·81 ...	125·0
1920 ...	8750 ...	11·08 ...	31·08 ...	88·23
1921 ...	8870 ...	10·83 ...	26·56 ...	59·07
1922 ...	9066 ...	13·34 ...	22·94 ...	91·34
1923 ...	9187 ...	8·38 ...	23·94 ...	99·99
1924 ...	9299 ...	9·90 ...	20·21 ...	57 1
1925 ...	9377 ...	11·30 ...	24·95 ...	76·92